

Abstract of the Disclosure

Disclosed is an intubation imaging stylet for intubating a patient by use in a tube/imaging stylet combination, said imaging stylet comprising: a malleable stylet having a longitudinal axis and a proximal end and a distal end; a flexible image guide having a longitudinal axis and a proximal end and a distal end, said image guide being connected to said stylet such that a portion of said image guide runs parallel to a portion of said stylet along the longitudinal axis of said stylet and such that the distal end of said image guide is co-extensive with the distal end of said stylet; and at least one flexible illumination fiber having a proximal end and a distal end, said illumination fiber being connected to said stylet such that a portion of said illumination fiber runs parallel to a portion of said stylet along the longitudinal axis of said stylet and such that the distal end of said illumination fiber is co-extensive with the distal end of said stylet; such that in use, said imaging stylet is disposed within a tube for intubating a patient thereby forming an imaging stylet/tube combination which in use is held by gripping the tube in a pen-like fashion. The imaging stylet/tube combination is thus in use held in one hand, freeing the other hand of the user for other tasks if necessary, as well as permitting intubation in the conventional manner. To facilitate this, the center of gravity of the imaging stylet/tube combination is located in essentially the same location along the tube as with a conventional stylet/tube combination.